



## AutoPay Payment Authorization

Thank you for applying to open an AutoPay account with Owen Cleaners. We offer the convenience of monthly statement billing and automatic bill payment for qualified applicants. Please complete the application below and mail it to 1021 Kentucky Ave, Paducah, KY 42003 or fax it to (270) 442-8453. Should you have any questions, feel free to call us at (270) 444-7227.

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### Applicant Information

\_\_\_\_\_  
First Name M.I. Last Name

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ How Long Employed? \_\_\_\_\_

**Spouse Information (if applicable)** **Joint Account?**  Yes  No

\_\_\_\_\_  
First Name M.I. Last Name

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### Mailing Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Email Address(s): \_\_\_\_\_

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### Telephone

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Telephone Daytime Telephone-Applicant Daytime Phone – Spouse

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### Account Terms and Conditions

I authorize Owen Cleaners, Inc. (Owen Cleaners) to generate one monthly automatic payment per the Payment Method selected on page 2 of this form for the full prior month ending balance on my Owen Cleaners charge account. In the event an automatic payment is rejected or declined, I agree to make prompt payment to Owen Cleaners by other means. Owen Cleaners reserves the right to suspend my charging privileges should my account become more than 30 days past due. I agree to pay any bank service charges, collection fees or other fees, which Owen Cleaners may incur in attempting to execute my automatic payment per my instructions or in collecting any past due balances. I may close this charge account and rescind my automatic payment authorization at any time by giving written notice to Owen Cleaners. I agree to be bound by the terms and conditions stated above and to pay all appropriate charges and fees made to my account.

\_\_\_\_\_  
Applicant's Signature Date Spouse's Signature (If Joint Account) Date

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**Payment Method**

The automatic monthly payment should be made using my (our): (please check only one)

- Credit Card (or Checking Card)\* (go to section 1 below)
- Automatic Debit from Bank Account (go to section 2 below)

\* Debit cards not accepted

**Section 1 Authorization for Automatic Credit Card/Checking Card Payment**

Credit Card Type:  VISA  MasterCard  American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ MM/YY  
Cardholder Name (as it appears on card) Expiration Date

Cardholder Address (if different than charge account mailing address as listed above)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Address

I authorize Owen Cleaners, Inc. to charge the ending prior month balance on my Owen Cleaners charge account to the credit card number listed above on or about the 1st of each month.

\_\_\_\_\_ Date \_\_\_\_\_  
Cardholder Signature

**Section 2 Authorization for Automatic Debit of Bank Account**

Bank: \_\_\_\_\_ Account Type:  Checking  Savings

I (We) hereby authorize and request Owen Cleaners, Inc. to secure one automatic payment per month in an amount equal to the prior month's ending balance on my (our) Owen Cleaners charge account by initiating an electronic Automated Clearing House (ACH) payment from my (our) checking account as indicated in the financial institution named above ("BANK") on or about the 15<sup>th</sup> of each month.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Joint Owner \_\_\_\_\_ Date \_\_\_\_\_  
Signature

